					OPGS FILE NO.
UNITED STATES OF AMERICA COMBINED DECLARATION AND POWER OF ATTORNEY FOR PATEN			NT APPLICATION	P/1	493-381
COMBINED DECLARATION A	ND POWER OF ATTORN	nort office ad	dress and citizenship are	es stated bel	low next to my name; that I al inventors are named) of
combined declaration as a below named inventor, I hereby believe that I am the original, first object matter which is claimed and THOD OF ACL RECO	y declare that: By to and sole inventor (if only for which a patent is sough	one mame is he is on the inventi-	on emitted: OGRAFT BONE	CROSS	PIN IMPLANT
THOD OF ACL RECO	NSTRUCTION US	1110			
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specification of which is areached h	ereto, unless the totto	ns United State	tes patent Application N	umber of re	(if any).
specification of which is attached h was filed on application number	ar	nd was amended	on		an amended by EDY
and the second second second				DCINOTE TO	- Carana
was filed on application number I hereby state that I have reviewed endment referred to above. I acknowledge the duty to disclose gulations. §1.56. I hereby claim priority benefits unjusted States provisional applications is in a disclose guestion disclose guestion desprised and of the application of the application disclosed guestion days before that of the application disclosed guestions days before that of the application disclosed guestions days before that of the applications.	ader Title 35. United States	Code \$119 of a	nentability in accordance ny foreign application(3 ow my foreign applicati	e with Tide 3) for patent or on for patent	r inventor's certificate or or inventor's certificate having
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ior Foreign or Provisional Applica	Foreign or Provisional Application(s) APPLICATION N		DATE OF F. (day, month,	ILING year)	UNDER 35 U.S.C. 119
COUNTRY	7		9 June 200		YRS X NO
	60/210,472		7 Julie 200		YES NO
I.S					YESNO
I hereby claim the benefit under				43.4	any and insofty as the subject
I hereby claim the benefit under nature of each of the claims of this Fide 35, United States Code, §112, Federal Regulations, §1.56 which b of this application.	became available between th	ie nume date of			STATUS maed, pending, abandoned)
Of this appropria	DATE OF FILING		3 I	(past	raed, penaint, abandoisse,
UNITED STATES APPLICATION NUMBER	Kat	2), 1101123			
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I hereby appoint cusmmer no. No. 18,510: Jerome M. Berliner weisburd - Reg. No. 27,409; Ma William O. Gray, III - Reg. No. No. 34,425, as anomeys with full Trademark Office connected them. SEND CORRESPONDENCE TO	OSTROLENK, FA	BER. GERB	& SOPFEN, LLP i i i i i i i i i i	382-0700	
	ments made hereix of my or that these statements were m	wn knowledge a nade with the kn de 18 of the Un	are true and that all state nowledge that willful fall lited States Code, and the	ments made of se statements at such willfu	on information and belief are and the like so made are punishable false statements may jeopardize
by fine or imprisonment, or both	natent issued thereon.	/ !			0.0
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FULL NAME OF SOLE OR FIRST IN Reinhold Schmie	rventor eding e or Foreign Country)	INVENTOR'S	DONATURE		DAILE 06.07-01
FULL NAME OF SOLE OR FIRST IN REINHOLD SCHMIE RESIDENCS (Clty and either State Naples, Florida	NENTOR eding e or Foreign Country)	INVENTORIS	IGNATURE ()	COUNTRY	DAILE 06.07-01
FULL NAME OF SOLE OR FIRST IN REINHOLD SCHMIE RESIDENCS (Clty and either State Naples, Florida	NENTOR eding e or Foreign Country)	INVENTORIS	IGNATURE ()	COUNTRY	OF CITIZENSHIP
FULL NAME OF SOLE OR FIRST IN Reinhold Schmie RESIDENCS (Clty and either State Naples, Florida POST OFFICE ADDRESS 163 Eugenia Dr:	NENTOR eding e or Foreign Country) a ive, Naples,	INVENTORIS	IGNATURE ()	COUNTRY	DAILE 06.07-01
FULL NAME OF SOLE OR FIRST IN Reinhold Schmie Naphers; Florida Post office Address 163 Eugenia Dr. FULL NAME OF SECOND JOINT IN	IVENTOR eding e or Foreign Country) a ive, Naples, wventor (Fant)	INVENTORIS	IGNATURE ()	COUNTRY U.S.	OF CITIZENSHIP
FULL NAME OF SOLE OR FIRST IN Reinhold Schmie RESIDENCS (Clty and either State Naples, Florida POST OFFICE ADDRESS 163 Eugenia Dr:	IVENTOR eding e or Foreign Country) a ive, Naples, wventor (Fant)	INVENTORIS	IGNATURE ()	COUNTRY U.S.	OF CITIZENSHIP DATE
FULL NAME OF SOLE OF FIRST IN Reinhold Schmie RESIDENCE (Clay and either State Naples, Florida POST OFFICE ADDRESS 163 Eugenia Dr.: FULL NAME OF SECOND JOINT IN RESIDENCE (City and either State POST OFFICE ADDRESS	NENTOR eding e or Foreign Country) ive, Naples, nventor (P any) se or Foreign Country)	PL 3410	8 SIGNATURE	COUNTRY U.S.	OF CITIZENSHIP DATE
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